NEW YORK STATE OF OPPORTUNITY.

Environmental Facilities Corporation

KATHY HOCHUL
Governor

MAUREEN A. COLEMAN
President and CEO

2022 Clean Watersheds Needs Survey
Decentralized Wastewater Treatment System Form

Instructions

Complete the following survey of Onsite Wastewater Treatment Systems (OWTS) and Clustered System Needs and Costs in your area. The results of this survey form will be used by New York State Environmental Facilities Corporation (NYSEFC) for the USEPA 2022 Clean Watersheds Needs Survey (CWNS). Only needs as of *January 1, 2022* (i.e., portions of projects not funded as of *January 1, 2022*) are eligible and should be listed.

Please submit the completed *Decentralized Wastewater Treatment Systems Data Collection Form* via the EFC submission form no later than *September 02, 2022*. If you have any questions, please contact EFC at nyscwns@efc.ny.gov. Thank you for your participation.

1. **Point of Contact:**

*Authority/ Department Name:		
*Contact Name:		
*Role/ Title:		
*Phone Number:	Fax Number:	
*Address:		
Address 2:		
*City:	*State: NY	*Zip Code:
County:		
E-mail:		
Is the population of your community fewer than 10,000 people? Yes No		

* Required fields

2. **Needs Information (Use additional pages if necessary):**

This data should show an existing need to prevent or abate a water quality or public health problem.

Complaint Type	Number of Systems	
	OWTS	**Cluster**
Total Number of Systems with Complaints		
Type of Permit	**Number of Permits Issued**	
	OWTS	**Cluster**
Replacement System (Will replace existing system):		
New System (Will not replace existing system):		
Repair:		
Other permits (explain on separate page):		
Other permits (explain on separate page):		
Total Number of Permits Issued		

3. Cost Information (use additional pages if necessary):

This data should demonstrate the solution to the problem and the associated costs.

Type of Repair (e.g., tank replacement, drainfield maintenance)	Type of System Indicate OWTS or Cluster (C) and the type of system (e.g., gravity, pressure distribution, sand filter, mound systems, innovative)	Number of Households Served		Total Costs** Explain method for developing cost on separate sheet.
		Resident	Non - Resident	
Repair Types				
Repair Total				

Replacement Systems

Type of System Indicate OWTS or Cluster (C) and the type of system (e.g., gravity, pressure distribution, sand filter, mound systems, innovative)	Number of Households Served		Total Costs** Explain method for developing cost on separate sheet.
	Resident	Non -Resident	

New Systems

Type of System Indicate OWTS or Cluster (C) and the type of system (e.g., gravity, pressure distribution, sand filter, mound systems, innovative)	Number of Households Served		Total Costs** Explain method for developing cost on separate sheet.
	Resident	Non -Resident	

Documentation:

Attach documentation to support your community's needs and costs in your community over the next 20 years (January 1, 2022- December 31, 2041). Documentation should further describe the needs, the reason for the needs (public health problem, water quality problem, or both), cost of the needs, and a description of the environmental benefits of the needed project.

Possible documents include (but are not limited to):

- Signed statement from the health department on health hazards and/or documentation of septic tank failure, water quality problem, and/or violations of safe drinking water standards.
- Application for funding (e.g. USDA Rural Development, State Revolving Fund Loan, US EPA, State grants and loans)
- Capital Improvement Report
- Preliminary engineering study or Plan of Study
- General Plan or Facilities Plan
- Engineer's estimates
- Costs from comparable practices
- Estimates from equipment suppliers or installers
- Permits

Location:

Attach known locations of decentralized systems. Locations can be identified with one of the following:

- Clustered System
    - For a single system, a single latitude/longitude point (centroid or front door)
    - For multiple systems, the town or city where the systems are located
- OWTS
    - Indicate the town(s) served by OWTS; "unincorporated area" within a county will be an option